

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155816		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/21/2015	
NAME OF PROVIDER OR SUPPLIER ARLINGTON PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00176084 and IN00177973.</p> <p>Complaint IN00176084- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00177973- Substantiated. Deficiency related to the allegations are cited at F164.</p> <p>Survey dates: July 20 and 21, 2015</p> <p>Facility number: 013005 Provider number: 155816 AIM number: 201256400</p> <p>Census bed type: SNF: 52 SNF/NF: 17 Total: 69</p> <p>Census payor type: Medicare: 37 Medicaid: 17 Other: 15 Total: 69</p> <p>Sample: 3</p> <p>This deficiency also reflects State</p>		F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during a Complaint (IN00176084 and IN00177973) Survey on July 21 2015. Please accept this plan of correction as the provider's credible allegation of compliance.</p> <p>The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0164 SS=D Bldg. 00	<p>findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>Based on record review and interview, the facility failed to ensure a resident's confidential health care and personal information was protected from disclosure to an unauthorized person by</p>		F 0164	F 164 Corrective actions		08/20/2015	

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	<p>sending discharge information, including a resident's name (Resident D), discharge medications and instructions, physician's name and medical record number, discharge documentation of another resident (Resident C). 1 resident of 3 reviewed for confidentiality of information.</p> <p>Findings include:</p> <p>The record of Resident D was reviewed on 7/20/15 at 2:30 P.M. Diagnoses included, but were not limited to, a history of urinary tract infection, hypertension, chronic kidney disease, diabetes mellitus, and a history of pancreatic cancer.</p> <p>Resident D's record indicated she had been admitted for strengthening and therapy to allow her to return to home. Her discharge summary, dated 7/14/15, indicated she was discharged to home with medications and instructions, that she had met skilled care goals while in the facility, and that home health services had been arranged to provide ongoing care at home.</p> <p>The record of Resident C was reviewed on 7/20/15 at 10:30 A.M. Diagnoses included, but were not limited to, a history of stroke, hypertension, anemia,</p>			<p>accomplished for those residents found to be affected by the alleged deficient practice: Resident C was contacted and the documents related to Resident D were obtained.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All confidential health care and personal information for residents scheduled for discharge will be reviewed to ensure it is protected from disclosure to any unauthorized person / sent with the correct resident.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Licensed Nurses on the following guideline: HIPAA</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations of 5 residents will be conducted by the DHS or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: Resident's confidential health care and</p>			

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	<p>osteoarthritis, and spinal stenosis.</p> <p>Documentation indicates Resident C was discharged to home following physical and occupational therapy. Arrangements were made for Resident C to continue receiving therapy services at home. She was discharged with appropriate medications and instructions.</p> <p>In a communication to the State Agency Resident C indicated that, along with her discharge paperwork, she had received documentation related to Resident D. She indicated she had made the facility aware of this, but the facility had not made arrangements to recover the documentation related to Resident D.</p> <p>Resident C was contacted and the documents related to Resident D were obtained. There were 2 pages of discharge medications, including Resident D's name, date of discharge, medical record number, and instructions for taking the medications.</p> <p>The Director of Nursing Services was interviewed on 7/21/15 at 11:20 A.M. She indicated she was aware Resident C had received documents relating to Resident D, and that this was a violation of the resident's right to privacy. She indicated she did not know how the error</p>			<p>personal information for scheduled discharge is protected from disclosure to any unauthorized person / sent with the correct resident.</p> <p>The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	had occurred, and that staff had been reeducated about the importance of maintaining confidentiality of resident's records. This Federal tag relates to Complaint IN00177973. 3.1-3(o)						